

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000093047 (5)

1. Corporation Name

SAVINO'S ITALIAN ICES, INC.

Principal Place of Business

Mailing Address

3116 MARION AVENUE
MARGATE FL 33063

1126 SOUTH POWERLINE RD.
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1126 South Powerline Rd		26		12/07/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0635261	
City & State		City & State		5. Certificate of Status Desired	
23 Deerfield Beach FL		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24 33442		29		Trust Fund Contribution	
25 Broward		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
GREENE, WILLIAM 4698 N.W. 103 AVENUE SUNRISE FL 33351				<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVINO, BARBARA	1.2 NAME	
STREET ADDRESS	3116 MARION AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSET, BARBARA	2.2 NAME	
STREET ADDRESS	2851 ROCK ISLAND ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANETTA, WANDA	3.2 NAME	
STREET ADDRESS	2501 ROCK ISLAND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Savino

Mar-24-98 9:41/426-4/16

CR2E034 (10/97)